

Grievance Appeal Form

Town of Fairfax

All Grievances must be in writing. This form is provided for your convenience. Return the form to the Fairfax Listers Office at 12 Buck Hollow Rd., Fairfax, VT, 05454. Listers Office phone: 802-849-6111 Ext 19. Email to: listers@fairfax-vt.gov

Property Owner(s): _____

Owner Address: _____

Parcel ID: _____ Property Location: _____

Email Address: _____ Phone: _____

Contact Person (if different): _____ Phone: _____

Type of Property: ☐ Residential ☐ Commercial ☐ Condo ☐ Apartment ☐ Other _____

Assessed Value: _____ Estimate of Value: _____

Reason for Grievance:

Comparable Properties (Properties you believe are similar to your property):

	Parcel ID	Owner	Location	Value
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

When preparing for your appeal you should make sure the physical data of your property is correct. Next you should consider recent arms length sales of properties similar to your property.

Date: _____

Signature of Owner(s): _____

Note: If you are representing the owner you must include a letter of representation signed by the owner.